Arkansas HCBS Residential Beneficiary Survey

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

The Beneficiary Survey must be conducted in person before August 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the person conducting the survey, do not influence the individual's responses. Certain questions include an option to explain when "No" is actually an appropriate response and not indicative of non-compliance.

The Arkansas DHS inter-agency HCBS working group will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the survey and submit your responses to the inter-agency HCBS working group before August 31, 2016. A member of the Arkansas HCBS working group will give you instructions about how to submit the responses you record on this Word document.

Filling out the survey:

Individuals receiving Medicaid-reimbursed HCBS for residential services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS Settings final rule. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid.

CMS Regulatory Requirements:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)
- The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)
- The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)
- The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)

Intro to read to beneficiary before interview: The following survey will take about 30 minutes. There is no right or wrong answer. We will be asking you questions about your daily life and the support and services you get here at [insert provider name]. The reason we are talking about this is because the Arkansas Department of Human Services is trying to make sure that you have all the rights and freedoms of people who live in the community. Many others are doing the same survey. It's ok to be honest and say what you think.

Section A – General Information
Date:
Name of Reviewer:
Provider Agency Name:
Setting Name:
Setting Address:
Setting Administrator:
Setting Administrator email and phone number:
Setting Type (<i>Please mark one</i>) Assisted Living Provider Controlled Apartment Provider Controlled Group Home Staff Home
the individual have a conservator? Yes No name of the conservator or agency:
Arkansas HCBS Residential Beneficiary Survey 3/17/16, adapted from TN Individual Experience Assessment

Does

If so,

Section B – Community Integration

Response shaded equals normative (compliance) response

Validation Question	Criteria Met				Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation iired?
B1. Do you go shopping, go to church, or have lunch with friends or family? Do you do anything else with friends or family?	Yes □	No	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes □	No		
B1 Comments:									

Intent Statement: This question relates to whether the setting is integrated in and supports access to the broader community. Determine whether the beneficiary participates regularly in typical community life outside of the setting to the extent the beneficiary desires. 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)

Probing Questions:

- What do you like to do for fun?
- Where are some places you like to go?
- Are you able to do things in the community?
- Do you get to pick which events/activities you want to do in the community?
- Can you do things with your family (or friends) in the community?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual personcentered service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.

Validation Question	Crit M		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation ired?			
B2. Do you know how to find out about upcoming events or activities happening in the community? Are they posted on a bulletin board for all to see?	Yes	No	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No			
B2 Comments:										
*			ether the setting is integrated in and solit, 42 CFR § 441.725 (a)(8)(b)(1)	supports access to the broader community. 42	2 CFR § 441.301 (c)(4)(i), 4	2 CFR				
 Probing Questions: Do staff members tell you about events and activities happening in the community? 										
the type of services offered to	benefi	ciaries		nd others, (2) reviewing the program hand ovided and (3) reviewing records to include nts/posted activity schedules.						

Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requ	
B3. Can you have visitors when you want to have visitors?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No 🗆
B3 Comments:								

Intent Statement: This question relates to whether the setting allows visitors at any time. 42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.530 (a)(1)(vi)(D), 42 CFR § 441.710 (a)(1)(vi)(D)

Probing Questions:

- Are there rules about having visitors over?
- Can you have visitors in your room/apartment without staff being there?
- Can you invite friends or family over whenever you want?
- Can you have private visits if you want to?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered plans,

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediat Require	
B4. How do you get where	Yes	No	☐ Interview (please specify)			Yes	No
you want to go? Can you							
find a ride to places you			☐ Family/Advocate				
want to go?			☐ Staff				
			☐ Other				
			☐ Record/Document Review				
			☐ Rights Modification				
			☐ Other				

B4 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.710

Probing Questions:

- If public transportation is available ask whether they know how to check the bus schedule or have the phone number for the taxi service? Can you get that information if you needed it?
- Does (insert provider name) provide a van or car to take you where you need/want to go?
- Does your family or friends take you where you need/want to go?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met				Information Sources (select all that apply) Notes/Evidence of Compliance		Notes/Evidence of Non-Compliance	Remediation Required	
B5. Do you have the help you need to do the activities you want to do?	ou need to do the activities \Box		 ☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff 			Yes	No		
			☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification						
R5 Comments:			☐ Other						

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. This question also relates to whether the beneficiary is integrated into the broader community. 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)

Probing Questions:

- Who do you go to when you need help at home during the day? At night?
- Are you able to get to the activities you want to participate in?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Section C – Housing Protection and Due Process

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
C1. Do you know who to talk to if you wanted to live somewhere else? C1 Comments:		☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No	
	2 CFR	§ 441.:	530 (a)(1)(ii), 42 CFR § 441.710 (a)((1)(ii)			

Probing Questions:

- If you wanted to move, do you know how that happens?
- Who would help you with moving?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, residency agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the official representative.

Validation Question			Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation ired?
C2. Who owns your house	Yes	No	☐ Interview (please specify)			Yes	No
or apartment?			☐ Individual				
			☐ Family/Advocate				
			□ Staff				
			☐ Other				
			☐ Observation				
			☐ Record/Document Review				
			☐ Rights Modification				
			☐ Other				
C2 C							

C2 Comments:

Intent Statement: This question relates to whether this specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. 42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)

Probing Questions:

- Who do you pay to live here?
- Who do you go to if something isn't working right (like your refrigerator)? would ask only if apartment
- What happens if you break something?
- Are you paying rent?
- Do you have a lease or a written residency agreement?
- Did you have to sign some papers when you moved in here that said what you are allowed to do and not do?
- Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediati Required	
C3. Do you know what	Yes	No	☐ Interview (please specify)			Yes	No
you can and cannot do in							
your house/apartment?			☐ Family/Advocate				
			☐ Staff				
			☐ Other				
			☐ Record/Document Review				
			☐ Rights Modification				
C2 C			□ Other				

C3 Comments:

Intent Statement: This question relates to whether this specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. 42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)

Probing Questions:

- What are the rules that you have to follow to live here?
- What happens if you break a rule?
- Does the individual have a written residency agreement?
- Does that document contain protections from eviction and afforded appeal rights?
- Is there evidence that the beneficiary /or his/her legal representative was advised of this information and understood it accordingly?
- Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?
- Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual (for specific policies and procedures)/document which describes the applicable tenant law, residency agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.

Section D_Living Arrangements

Response shaded equals normative (compliance) response

Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
D1. Can you buy the things you need?	Yes							No 🗆	
Intent Statement: This quest 42 CFR § 441.710 (a)(1)(i),			-	y is allowed to control their persona	al resources. 42 CFR § 441	.301 (c)(4)(i), 42 CFR § 44	41.530 (a)	(1)(i),	
Probing Questions: • Do you get your mo	oney from	m the l		our own bank account if you want o	ne?				

plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediati Required	
D2. Did you choose to live	Yes No		☐ Interview (please specify)			Yes	No
here?			☐ Individual				
			☐ Family/Advocate				
			☐ Staff				
			☐ Other				
			☐ Observation				
			☐ Record/Document Review				
			☐ Rights Modification				
			☐ Other				
D2 Comments:							

Intent Statement: This question relates to whether this setting was selected by the individual from among setting options, including non-disability specific settings. 42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)

Probing Questions:

- Did someone else make the choice for you? Did you make the choice together?
- Did you visit other places before choosing where you live now?
- Who choose for you to live here?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation ired?
D3. Can you make decisions about what you do, where you go, and who you see?		No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D3 Comments:							

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. 42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)

Probing Questions:

- What do you like to do? When can you do that and why?
- Can you go visit friends or family when you want to?

Reviewers can validate by (1) interviewing beneficiaries, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question		teria let	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requi	
D4. Do you have your	Yes	No	☐ Interview (please			Yes	No
own room?			specify)				
			☐ Individual				
			☐ Family/Advocate				
If yes, skip to D7.			☐ Staff				
			☐ Other				
			☐ Record/Document				
			Review				
			☐ Rights Modification				
			☐ Other				
							•

Intent Statement: This question relates to whether this setting was selected by the individual from among setting options, including non-disability specific settings. 42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)

Evaluators can validate by (1) interviewing beneficiaries, family member, and others and (2) record reviews to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question			Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed	diation ired?
D5.Did you get to choose your roommate(s)?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D5 Comments:								
Intent Statement: This question 42 CFR § 441.710 (a)(1)(vi)(1) Probing Questions: • Did you choose your recommendation of the statement of t	B)(2)		whether the setting off	ers choice of roommate(s). 42 CFF	R § 441.301 (c)(4)(vi)(B)(2).	, 42 CFR § 441.530 (a)(1)((vi)(B)(2).	,
Reviewers can validate by (1) interviewing beneficiaries, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.								

Validation Question	Crit M		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation iired?
D6. Do you know who to talk to if you have a problem with your roommate? Do you know who to talk to if you want to change roommates?	Yes	No	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D6 Comments:							
Intent Statement: This question 42 CFR § 441.710 (a)(1)(vi)(B		to wh	ether the setting offers choice of room	mmate(s). 42 CFR § 441.301 (c)(4)(vi)(B)(2)), 42 CFR § 441.530 (a)(1)(v	vi)(B)(2),	,
Probing Questions: • Who do you talk to if	you ha	ve a p	problem with your roommate? Who	o do you talk to if you want to change roon	nmates?		
Reviewers can validate by (1) plans, health care plans, asses				d others and (2) reviewing records to inclu	ıde individual person-cente	ered serv	ice

Validation Question	Criteria Met		Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requ	
D7. Do you have enough privacy in your home? Are you able to be alone if you want to be?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No 🗆
D7 Comments:								

Intent Statement: This question relates to whether the unit has a lockable entrance door. 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Probing Questions:

- Can you close and lock your front door?
- Do you have a key to your home?
- Are you comfortable with the other people who have keys to your home?

Reviewers can validate by (1) interviewing beneficiaries, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.

Validation Question			Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requi	
D8. Do others knock before entering your home or bedroom?	Yes	No □	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D8 Comments:								
Intent Statement: This question 42 CFR § 441.710 (a)(1)(vi)		tes to	whether the unit has a	lockable entrance door. 42 CFR §	441.301 (c)(4)(vi)(B)(1), 42	CFR § 441.530 (a)(1)(vi)	(B)(1),	
the program handbook/ma	nual/d	ocum	ent (for specific polici	ly members, or advocate to assesses and procedures) which describe eements address the individual's	bes privacy rights and (3)			

Validation Question	uestion		Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		liation ired?
D9. Can you close and lock your bedroom door?	Yes	No □	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D0 Comments:								

D9 Comments:

Intent Statement: This question relates to whether each individual has privacy in their sleeping or living unit. 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Probing Questions:

- Does the lock work?
- How do you unlock the door? With a key?
- Who is allowed to lock them?
- Are able to go in and out of your room whenever you want?

Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.

Validation Question		Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation ired?
D10. Can you close and lock your bathroom door?	Yes □	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D10 Comments:								

Dio Comments.

Intent Statement: This question relates to whether each individual has privacy in their living unit. 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Probing Questions:

- Do you have privacy when bathing or going to the bathroom?
- Is there a lock on the bathroom door? Does the lock work?
- If you don't have a lock, what do you do when you need some privacy in the bathroom?

Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.

Validation Question	Criteria Met		Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
D11. Do you know if anyone else has a key to your bedroom or bathroom?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No	
D11 Comments:		-				•	•	•	

DII Comments:

Intent Statement: This question relates to whether each individual has privacy in their sleeping or living unit. 42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)

Probing Questions:

- Who else has a key?
- Are you ok with that person having a key?

Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.

D12. Did you decorate your Yes No □ Interview (please specify) Yes N	lo.
	10
room?	
☐ Family/Advocate	
□ Other	
□ Observation	
☐ Record/Document Review	
☐ Rights Modification	
□ Other	

D12 Comments:

Note: the freedom to furnish and decorate should be considered in regard to providers' rules and policies. You should not mark "no" if a person wants something they cannot afford; that is not the point of these questions.

Intent Statement: This question relates to whether the beneficiary has the freedom to furnish and decorate. 42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.530 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(B)(3)

Probing Questions:

- Can you move the furniture where you want it?
- Can you hang or put up pictures if you want to?
- Can you change things in your room if you want to?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing individual bedrooms and (3) reviewing policies regarding ability of residents to bring in own furnishings or own items.

Validation Question	on Question		Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		diation ired?
D13. Can you eat what you want to eat? Can you eat when you want to eat it?	Yes □ Yes □		No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
D12 Comments:								

D13 Comments:

Intent Statement: This question relates to whether the beneficiary has access to food at any time. 42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)

Probing Questions:

- Is there a posted menu of food to be offered and served per meal/per day/per week?
- Do you get to help make the menu?
- What happens if you do not like what is on the scheduled menu? Can you ask for something else?
- What happens if you get hungry between meal times? What time do you eat meals (breakfast, lunch, dinner)?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meal times, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question			Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requ	diation ired?
D14. Can you have a snack if you get hungry?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No 🗆
D14 Comments:								

Intent Statement: This question relates to whether the beneficiary has access to food at any time. 42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)

Probing Questions:

- Do you choose the snack that you want?
- What are your favorite snacks?

Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meals, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.

Validation Question			Criteria Met	Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remed Requ	
D15. Do you have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas? Where can you go in your house without a key?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No 🗆
D15 Comments:								
Intent Statement: This question 441.710 (a)(1)(vi)(E)	n rela	tes to	whether the setting is p	physically accessible. 42 CFR § 44	1.301 (c)(4)(vi)(E), 42 CFF	R § 441.530 (a)(1)(vi)(E), 4	2 CFR §	
handbook/manual/documen	t whi	ch des	scribes the type of ser	nily members, and others, (2) obvices offered to beneficiaries and nt agreements to determine if the	d (4) reviewing records to	include individual persor		I

Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D16. Do you have access to a phone, computer or other technology?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No 🗆
D16 Commontos								

D16 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)

Probing Questions:

- Can you have a phone or computer in your room?
- If you don't have your own phone or computer, are there any in the home that you can use?
- Can you use these whenever you want?
- Are you able to use the phone or computer in private?
- If adaptive equipment is necessary, do you have enough privacy?

Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.

Section E – Accessible Environment

Response shaded equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance			
E1. Do you have the	Yes	No	☐ Interview (please specify)			Yes	No	
supports you need to move			☐ Individual					
around your room/house			☐ Family/Advocate					
whenever you want?			☐ Staff					
			☐ Other					
			☐ Observation					
			☐ Record/Document Review					
			☐ Rights Modification					
			☐ Other					
E1 Comments:								
Intent Statement: This question relates to whether the setting is physically accessible. 42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)								
Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to determine ease of access and whether restrictions exist, (2) observing the environment and (3) conferring with authorities having jurisdiction re: the physical accessibility of the setting.								

Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance		
E2. Can you enter and exit your room/house whenever you want?	Yes	No	No, but supported by the person centered plan or other documentation	☐ Interview (please specify) ☐ Individual ☐ Family/Advocate ☐ Staff ☐ Other ☐ Observation ☐ Record/Document Review ☐ Rights Modification ☐ Other			Yes	No
E2 Comments:								
				hysically accessible. 42 CFR § 44 § 441.710 (a)(1)(iii), 42 CFR § 441		441.301 (c)(4)(vi)(E), 42 Cl	FR	
Reviewers can validate by (1) i nterviewing beneficiary, family members, or advocate to determine ease of access and whether restrictions exist, (2) observing the environment and (3) conferring with authorities having jurisdiction re: the physical accessibility of the setting.								

END OF RESIDENTIAL BENEFICIARY SURVEY